



## Application for Asbestos Professional License

Please check the type of License(s) applied for:

- Project Supervisor \$75.00     
  Air Sampling Professional \$50.00     
  Inspector \$50.00  
 Management Planner \$50.00     
  Project Designer \$50.00     
  Project Manager \$50.00

**MAKE CHECK OR MONEY ORDER PAYABLE TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

Please Type or Print

Applicant Name \_\_\_\_\_  
(First) (MI) (Last)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN (#) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Education of Applicant  
(Enter Highest Grade Completed)

High School  (1-4) College  (1-4)

In accordance with the requirements of the *Illinois Administrative Procedure Act, 5 ILCS 100*, the Illinois Department of Public Health requires the disclosure of your Social Security number as part of the license application. Failure to provide your Social Security number shall result in the denial of your license application.

Employer Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Major Business Activity \_\_\_\_\_

It is required by law (5ILCS/100/10-65) that applicants complete and sign the following statement. Failure to complete and sign this statement will result in an incomplete application and delay in issuing your license. Making a false statement may place you in contempt of court.

**Check only one box**

- I am not more than 30 days delinquent in complying with a child support order; or  
 I am more than 30 days delinquent in complying with a child support order; or  
 This statement does not apply.

I hereby certify that the information submitted is true and valid and I understand that the Illinois Department of Public Health may deny, revoke or suspend my application for a professional license for knowingly making false or fraudulent claims.

COURSE TITLE	ASBESTOS COURSES COMPLETED IDPH TC PROVIDER NAME	DATES COMPLETED
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBMIT TWO 1" X 1" PHOTOGRAPHS OF THE APPLICANT (head and shoulders only).  
The license will not be issued without the photograph.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT NOTICE:** The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

The **Public Information Disclosure** below must be completed to allow the Department to release your personal contact information. **ONLY** those asbestos licensees who complete this information will be included in Department lists. By checking a box below, you authorize this Department to publish your business or personal information on all Department listings. Your signature further confirms your agreement to hold harmless and release this Department from any liability arising from release of the information authorized below.

**I authorize the Illinois Department of Public Health to include my:**

(Check only ONE box)  Business Information  Personal Information  I do not wish to be listed



**Complete this portion of the application in detail.**  
**Give information related to type of license.**

Experience shall be listed in hours.  
Attach additional sheets listing experience, if necessary.

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Dates of Employment     /     to     /      
(mo) (yr) (mo) (yr)

Duties & Responsibilities	Project Name	# of Hours

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Dates of Employment     /     to     /      
(mo) (yr) (mo) (yr)

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City \_\_\_\_\_ Telephone \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Dates of Employment     /     to     /      
(mo) (yr) (mo) (yr)

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